Save the Children

PULANG KAMPUNG

Coming Home Program

Bi - Annual Report

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Acronyms & Abbreviations

APN	*asuhan persalinan normal*; basic delivery care
CHP	Coming Home program
CRS	Catholic Relief Services
Dasolin	*Dana Sosial Bersalin*, Social Fund for Birth Preparedness
DHO	District Health Office
EO	economic opportunities
GAM	*Gerakan Aceh Merdeka*; Free Aceh Movement
GOI	Government of Indonesia
IAMI	*Inisiatif Anti Malaria Indonesia*; Indonesia Anti-Malaria Initiative
IR	intermediate result
IBI	*Ikatan Bidan Indonesia*; Indonesian Midwives Association
INGO	international nongovernmental organization
IRD	International Relief and Development
JNPK	*Jaringan Nasional Pelatihan Klinis;* National Clinical Training Network
JPS	*Jaringan Pengaman Sosial;* Social Safety Net
KAP	knowledge, attitudes, practice
LNGO	local non-governmental organization
M&E	monitoring and evaluation
MNH	Maternal and Neonatal Health program
MOH	Ministry of Health
NAMRU	Naval Medical Research Unit
NERS	nutrition education rehabilitation session
NERP	nutrition education rehabilitation program
PATH	Program for Appropriate Technology in Health
PCI	Project Concern International
PD	Positive Deviance
PDMD	*Penguasa Darurat Militer Daerah* Provincial Martial Law Administrator
PMI	*Palang Merah Indonesia;* Indonesian Red Cross
POLRI	*Polisi Republik Indonesia*; Republic of Indonesia Police
P2KS	*Pusat Pelatihan Klinis Sekunder;* Center for Secondary Clinical Training
Puskesmas	*Pusat Kesehatan Masyarakat*; Community Health Center at sub-district level
SC	Save the Children.
SIAGA	*siap antar jaga*; ready to transport and care for
SOAG	Strategic Objective Grant Agreement
TA	technical assistance
Tabulin	*Tabungan Bersalin*, savings account for delivery
TNI	*Tentara Nasional Indonesia*; Indonesian Armed Forces
USAID	United States Agency for International Development
USDA	United States Department of Agriculture

Executive Summary

The Coming Home Program continued to make progress towards it's intermediate results in this reporting period despite the difficult political and security situation. On May 19, 2003, martial law was imposed on the province of Aceh, affecting Save the Children's *Coming Home program* (CHP) operations. In the weeks after martial law declaration, SC postponed field operations until the military Provincial Martial Law Administrator (*Penguasa Darurat Militer Daerah*, or PDMD) gave first oral approval to operate (in early July 2003), followed by written approval in late July 2003. Permission to work was only given for "white" areas around Banda Aceh, and not for Pidie, where the program had been operating. Martial law also suspended the work of local NGOs, so SC had to start directly implementing some aspects of the program.

In September 2003, with concurrence from USAID, SC expanded program coverage to the island of Simeulu, which has not been affected by the conflict. Simeulu was identified both as a result of a SC consultant's assessment of the island's health needs and capacity, and because USAID had earmarked bednets to be delivered, in partnership with the Department of Health, to address malaria in the district. Given local government's priorities, the main focus of CHP in Simeulu has been malaria control and addressing child malnutrition.

As noted above, the declaration of martial law forced SC discontinue programs in the districts of Tangse, Lampanah/Lamteuba, and Pulo Aceh were discontinued, and because of circumstances SC has not yet been able to follow-up to measure program results in these areas.

To support IR 1 of the Coming Home Program "more responsive health policy," SC implemented a modified version of the SIAGA (*Siap Antar Jaga*) model to mobilize communities to advocate for their health needs, with a focus on maternal health. With support from the MNH program, SC built capacity in 14 villages to use the modified SIAGA model to mobilize communities to address maternal health by establishing community facilitators and recruiting cadres to participate in the program, who have started acting as advocates. For example, cadres presented the findings of their mapping exercise to local service providers such as the village midwife and *Puskesmas* clinic, and advocated for improved quality of services.

In support of IR 2 of the Coming Home Program, "improved access to maternal and child health care," SC is building the capacity of the Banda Aceh Center for Secondary Clinical Training (P2KS), to conduct Basic Delivery Care (APN) training for village midwives. With support from MNH and P2KS trainers from Java, SC is preparing 3 trainers, 10 clinical instructors and 5 clinical sites to support APN training. In the next quarter, SC will support 30 more midwives from Aceh Besar to be trained in APN, and the P2KS and training sites will be able to train 120 midwives per year.

Also, to improve maternal and child health in the district of Simeulu, SC is working with the Ministry of Health and IAMI, the Indonesia Anti-Malaria Initiative, to conduct a malaria control campaign. Through this program 20,000 bednets (donated by NAMRU/USAID) will be distributed, accompanied by an effective behavior change program. To prepare for bednet distribution, IAMI trained two master trainers in malaria control. SC in collaboration with the master trainers conducted a training of trainers for 16 facilitators in malaria control, who in turn trained 199 cadres and community task force members from 30 villages. SC also worked closely with the District Health Office to prepare a net distribution guideline booklet, and adapted and printed Department of Health and IAMI malaria control IEC materials for Aceh. In the first phase, SC supported the distribution of 10,000 bed nets to 32 villages. Cadres also started environmental clean-up campaigns in each of these villages.

Related to the malaria control program, CHP completed a malaria KAP survey in Simeulu. The study found that knowledge and attitudes about malaria still have room for improvement, and findings helped shape the adaptation of IEC materials.

To achieve IR 3 "community, families, and individuals are empowered to take responsibility for their health," CHP continued PD nutrition programs in Aceh Besar, and also launched PD nutrition in Simeulu. In the Alue Naga village (Aceh Besar), 90 children were enrolled in 5 nutrition education and rehabilitation sessions (NERS) since July, of which 46,7% have shown improved nutritional status. SC also utilized the SIAGA approach to mobilize communities around maternal health. In this reporting period, SIAGA facilitators established emergency preparedness systems related to maternal health. Activities included a family birth preparedness savings account (*Tabulin*), a community birth

preparedness savings fund (*Dasolin*), a blood donor system, and an emergency transportation system. In several villages, information on reproductive health was identified as a priority, and appropriate responses supported.

Another interesting aspect of the SIAGA program in Aceh is that facilitators have mobilized communities to take over un-used public buildings, such as clinics and birthing posts abandoned due to the conflict, as SIAGA "posts." Facilitators worked in collaboration with the Indonesia Red Cross to conduct blood typing of donors in 14 target villages, with about 1,000 people participating. As a result 40 community members also donated their blood. No maternal emergencies requiring a transfusion have arisen during this period. The SIAGA program is now preparing for institutionalization, and for sustainability beyond the CHP end date.

SC also continued to support the development of economic opportunities (EO) for women and youth. While previously SC worked with local NGOs to implement EO, it is now banned under martial law. SC therefore hired several NGO staff to continue implementation of the program, with the understanding that at the end of martial law, these staff will return to their local organizations.

SC worked with a local consultant to conduct a market analysis and prepare a business plan, so that vocational training would be better targeted and developed. Five business types were selected as a result of the market analysis; vegetable farming, poultry farming, oyster sauce production, embroidery, and *pandanus* mat making. The consultants also taught 101 vulnerable women and youth how to formulate a business plan. In Syiah Kuala, 30 women and 23 female youth received vocational training, and the community donated space for these women's businesses. Participants pledge to give 15% of their earnings to a community-managed fund for health. In addition to vocational training, SC also started building capacity for community-managed GGLS (Group Guaranteed Lending and Saving) microfinance program. This program will start dispersing loans in February.

SC also supported the establishment of *Task Forces for Women and Youth* in 3 villages. These groups meet regularly to identify and bridge gaps in the community. In the 3 months they have been operational, the Task Forces have inspired a number of activities that improve the welfare of women and children. For example, after identifying the need for child care of younger children, Task Forces started involving older youth in facilitating day care for children of working mothers. Families pay Rp. 100 per child per day for the service, which is used to support material needs. Approximately 50 children benefit from the play group.

In this period, Save the Children used CHP funds to continue broader capacity building in the Positive Deviance (PD) approach to child nutrition. Save the Children led regular meetings for the "PD Nutrition Network," which includes INGOs, NGOs and government using PD approach to address child malnutrition. The first edition of a PD Bulletin was published in September 2003. Save organized two workshops for PD Network Members: the first on Monitoring and Evaluation was attended by 12 Network members, and the second on facilitation skills was attended by 20 Network members.

Through the PD Network, Save also facilitated a 3-day training for 15 Jakarta District Health Office staff on PD. Since the training, several DHOs have asked for budgets to implement PD nutrition programs; the Network plans to build capacity in at least 2 of these districts over the next six months.

SC also used CHP funds to continue PD nutrition activities in Cianjur, West Java. A total of 160 children participated in the program: 29% have graduated, 18% went from severely to moderately malnourished, and 13% went from moderately malnourished to well nourished.

1. Background of Program

The Coming Home program falls under the Child Health and Nutrition component of the Strategic Objective Grant Agreement (SOAG) between USAID/Indonesia and the Government of Indonesia, *Protecting the Health of the Most Vulnerable Women and Children*. Save the Children Federation, Inc. (SC) manages the Program, which covers activities in Aceh between 2000-2003.

The Program aims to improve the well being of Acehnese children, women and their families. This community development program seeks to re-vitalize, strengthen and mobilize local responses to meet the health, psychosocial, and welfare needs of Acehnese children and their families. The Program has three intermediate results:

- Intermediate Result 1: More Responsive Health Policy
- Intermediate Result 2: Increase Access to Higher Quality Maternal and Child Healthcare
- Intermediate Result 3: Individuals, Families, and Communities Empowered to take Responsibility for their Health

On May 19, 2003, martial law was imposed on the Aceh province, which affected SC's operations. In the weeks after declaration of martial law, SC postponed its field operations until the military Provincial Martial Law Administrator (*Penguasa Darurat Militer Daerah*, or PDMD) gave first oral approval (in early July 2003), followed by written approval in late July 2003. Permission to work was only given for "white" areas around Banda Aceh. Martial law also required that SC implement activities directly or in partnership with local government, as local non-governmental organizations (LNGO) were suspended.

In September 2003, with concurrence from USAID, SC expanded program coverage to the island of Simeulu which has not been affected by the conflict. Simeulu was identified both as a result of a SC consultant's assessment of the island's health needs and capacity,[1] and because USAID had earmarked bednets to be delivered, in partnership with the Ministry of Health, to address malaria in the district. Given local government's priorities, the main focus of CHP in Simeulu has been malaria control and addressing child malnutrition.

Appendix 1 overviews the geographic areas Coming Home program now works in, and what activities were implemented in each district.

In December 2003, SC requested a costed extension to continue implementation through March 2004. During this period, SC will continue its current programs until new funds from a USDA monetization program start in April 2004.

In addition to programming in Aceh, SC continued to use funds through the CHP to support broader capacity building activities in Positive Deviance. This included activities in support of the PD Network, as well as continued support for the development of the PD Hands On Learning Experience in Cianjur, West Java.

2. Accomplishment by Result Area

As noted above, the declaration of martial law forced SC to modify its program implementation areas. Programs in "gray" areas were discontinued (districts of Tangse, Lampanah/Lamteuba, and Pulo Aceh), and because of the political and security situation SC has not yet been able to follow-up to measure program results in these areas.

Programming in this reporting period continued in areas near Banda Aceh (Alue Naga) and in the Simeulu island district. Maternal health activities included SIAGA in 14 villages near Banda Aceh, as well as building local capacity to train midwives in basic delivery care (*Asuhan Persalinan Normal* or APN). Positive Deviance (PD) nutrition programs were continued in Alue Naga, and launched in Simeulu. A malaria control program was also launched in Simeulu and women and Economic Opportunity activities were continued in Syiah Kuala, with a focus on increasing economic opportunities.

[1] Sillan, D., et al. 2003. *Report on Assessment of Health Needs in Aceh.*

Intermediate Result 1: More Responsive Health policy

With technical support from the MNH program, SC implemented a modified version of the SIAGA (*Siap Antar Jaga*) model of mobilizing communities to advocate for their health needs, with a focus on maternal health. In the previous period, SC staff had received training from MNH, and visited SIAGA programming in Cirebon, West Java. Just as SIAGA was to start implementation, martial law was imposed.

After being allowed to resume operations, SC started to build capacity in 14 villages to adapt the SIAGA model (in the sub districts neighboring Banda Aceh, namely Baitussalam, Syiah Kuala and Meuraksa). The SIAGA model mobilizes communities to effectively address maternal health problems, through mobilizing community resources for maternal health and by advocating for maternal health at higher levels.

The lynchpin of the SIAGA program is community facilitators. They were recruited by SC, and trained in a variety of skills. Facilitators are responsible for mobilizing the community in target areas, collecting community health information, designing the SIAGA system, providing recommendations and inputs on health policy at the village level, and for health advocacy, education and promotion. The facilitators recruited SIAGA cadres, and helped them map and prioritize their health needs.

Facilitators are associated in a "Facilitator Forum" which function to coordinate activities and events, share methodologies of social mobilization, and design the SIAGA system. Meanwhile, cadres are responsible for assisting facilitators in implementing SIAGA programs at the village level, and facilitating community meetings in the village.

SC provided technical support to facilitators by providing them with trainings, sharing information, and helping them to address barriers and issues in the field through regular biweekly meetings. Additionally, SC facilitated meetings between related parties such as PMI and facilitators.

During this period, SC helped establish SIAGA and started seeing local advocacy take off. For example , facilitators and cadres presented the findings of their mapping exercise to local service providers such as the village midwife and the sub-district clinic (Puskesmas). As a result, the community noted that village midwives have been more active. Four village midwives, who previously did not stay in the village, have moved back to the village, improving access to services. SIAGA has also documented more cases of village midwives accompanying pregnant mothers whom they refer to the Puskesmas. Additional outcomes of the SIAGA program are described under IR 3.

Intermediate Result 2: Access to Maternal and Child Healthcare improved

Midwife Training

To achieve IR 2, SC has been focused on building local capacity to improve the basic delivery skills of village midwives. Initially, SC requested that MNH training staff provide APN training to the 14 midwives who are posted in communities where the SIAGA program is operational. The idea was to improve the quality of services being provided while increasing community demand for them. After consultation with MNH staff, it was concluded that the best way to train these midwives was to bring them to Jakarta to be trained at P2KS Jakarta.

In preparation for the APN training program, SC consulted with the provincial Center for Secondary Clinical Training (*Pusat Pelatihan Klinis Sekunder* or P2KS), which usually provides in-service training for midwives. SC decided to partner with P2KS in preparing for APN training. P2KS staff are already advanced trainers in family planning, but have not yet been prepared as APN trainers. Therefore, SC and MNH decided to send 3 P2KS trainers to attend the Jakarta APN training, in the hopes that they could train additional midwives upon return to Banda Aceh. An additional 5 village midwives from SIAGA areas were also sent to this training. SC additionally supported the P2KS Director, Dr. Aboe Bakar, to visit Budi Kemuliaan hospital in Jakarta, where APN training is standardized. This visit was coordinated with the a visit of a medical doctor from Medan – sponsored by MNH-Jakarta – so the two could observe and discuss the steps in preparing systems to train in APN.

Several weeks later, a subsequent TA visit by MNH staff to Banda Aceh noted that P2KS trainers could not effectively train in APN unless they had competent clinical sites. Five sites were selected, and MNH

helped connect SC with the National Health Training Network (*Jaringan Nasional Pelatihan Kesehatan*, or JNPK) and its provincial chapters to provide the follow-on training and technical support needed.

Starting the last week of December, SC started receiving technical support from P2KS/JNPK trainers from West Java, East Java and Jakarta. In the course of the next three months, the program will have prepared 3 Advanced APN trainers, and 5 clinical sites, each with 2 clinical instructors. In the first APN training, conducted in December with JNPK/P2KS supervision, an additional 8 midwives and 2 P2KS staff were trained in APN. In addition to training, SC also provided some of the basic delivery equipment needed to bring the clinical training sites up to JNPK standards (e.g., Partus kits, delivery models, disinfection systems, etc.).

In the period of January-March, three more APN trainings will be held, benefiting 30 midwives, and the P2KS system will be fully competent and in compliance with JNPK standards for rolling out APN training, with a capacity to train 120 midwives a year. SC is coordinating with the Indonesia Midwives Association (*Ikatan Bidan Indonesia*, or IBI), DOH Provincial and District to promote these training opportunities among their members.

Malaria Control

When SC started work in the Simeulu island district, it was in part responding to a plan by the Ministry of Health and USAID to address malaria. IAMI, the Indonesia Anti-Malaria Initiative, in collaboration with NAMRU/USAID, had already allocated 20,000 bednets for Simeulu, and needed support in delivering them accompanied by an effective BCI program.

In this period, SC-CHP in collaboration with the DOH master facilitators trained in Yogyakarta in September by IAMI, trained 16 facilitators in Simeulu on malaria control. The facilitators in turn trained 90 cadres and community task forces from 30 villages on malaria control and community mobilization, totaling 199 participants. SC – CHP also worked closely with DOH to prepare a net distribution plan/guideline book, distribute 10,000 bed nets to 32 villages and take blood sample from 7 villages which did not yet have Parasite Rate data (PR). In addition, SC worked in collaboration with IAMI and DOH to develop and produce malaria control IEC materials.

In the community bed net program, SC-CHP mobilized the community to clean their own environment. (See Appendix 2).

Between October and December 03, SC-CHP completed a Malaria KAP (knowledge, attitude, and practice) survey in Simeulu. The study showed that knowledge of malaria prevention and control is low, with only 3.6% of respondents able to give correct answers regarding transmission, prevention, symptoms, and treatment. More specifically, only 14.4 respondents knew the cause of malaria, 11.5% knew the signs of malaria and 39.3% knew some of the signs, 34.7% knew how to treat malaria, and 1.2% knew explicitly how to prevent malaria while 16.9% knew some prevention methods.

Even though 92 % households have owned bed nets in the past, and 82 % family members have been sleeping under bed nets, Malaria incidence in Simeulu is still high, 53% of respondents reported having malaria in the last three months. It is assumed that bed net usage has not been effective because knowledge regarding malaria prevention and control is so week and bednets may not have been used properly and/or other preventive measures to avoid mosquito bites are not applied.).

Intermediate Result 3: Community, families, and individuals are empowered to take responsibility to their health

Positive Deviance nutrition program

When martial law was imposed, SC had just completed the second week of its Nutrition Education and Rehabilitation Program (NERP) in the Alue Naga village of Syiah Kuala, Banda Aceh. The PD nutrition program resumed in July 14, 2003.

In Alue Naga, a total of 90 children have been enrolled in 5 NERS (nutrition education and rehabilitation session) since July. NERS provide opportunities for caregivers to practice PD behaviors in a hearth setting, attending the NERS for 2 weeks right after the Posyandu, and then practicing on their own for 2 weeks. For a child to graduate from the NERS program, the criteria until December was that the child be in the well nourished status for two months. During the period from July – December, the NERS program

in Alue Naga graduated 23(25.5%) children. An additional 19 (21.1%) children went from severely malnourished to moderately malnourished. The rest of the NERS participants have all had weight gain.

Due to the graduation criteria, the 22 moderately malnourished children could not graduate because they were still not in the well-nourished weight area of the growth monitoring chart. From experience in Cianjur and other programs, the criteria for graduation have been changed to reflect behavior change instead of only nutritional status. Graduation now depends on catch up weight gain; at least 400 grams in one month. If the child gains this catch up weight and maintains the weight gain over the next month, the caregiver is obviously practicing at home what she has learned in the NERS. 8 of the 22 moderately malnourished children are now eligible for graduation. However, 32 have dropped out of the program, either because their caregivers could not attend regularly, or they have moved away.

Table 1: PD NERS Participant and Impact until December 03 (Banda Aceh Site)

Village/ Hamlet	NERS # of Sessions	Number of malnourished children <5 participating in PD		Number of NERS participants with improved nutritional status		Number of NERS participants who gained weight, but have not yet graduated	
		Moderately malnourished	Severely malnourished	Severe to Moderate	Moderate to Well-nourished	100-200gm	200-800gm
Kutaran	1st – 5th	24	15	6	14	4	13
Podiamat	1st – 5th	6	4	3	6	1	6
Bunot	1st -6th	7	8	8	4	1	3
Musafir	1st -6th	17	9	4	8	1	7
TOTAL		**54**	**36**	**21**	**32**	**7**	**29**

In Simeulu, SC also built local capacity to implement PD nutrition programs. First, SC hired a PD program officer who is affiliated with the District Health Office, and who will continue on with the DHO once the program is finished, thus institutionalizing PD capacity. SC then provided technical support to conduct the PD approach, identifying PD behaviors that were relevant to Simeulu. In addition to training village cadres in the PD Approach, SC-CHP also involved village midwives and Puskesmas staff in the training. As a result, Puskesmas staff and midwives sometimes also visit the NERS. In the future, SC will work much closer with DOH in order to institutionalize PD Approach. The NERS program started in October in three villages of the Simeulu Timur sub- district.

Of 56 children enrolled in the NERS, 8 (14.3%) have graduated and 7 (12.5%) have gone from severely to moderately malnourished. An additional 40 (71.4%) children have seen weight gain, although not enough to graduate them from the program. It should be noted that this data is for a period only 3 months after the start of the NERS.

Table 2: PD NERS Participant and Impact until December 03 (Simeulu Site)

Village/ Hamlet	NERS # of Sessions	Number of malnourished children <5 participating in PD		Number of NERS participants with improved nutritional status		Number of NERS participants who gained weight, but have not yet graduated	
		Moderately malnourished	Severely malnourished	Severe to Moderate	Moderate to Well-nourished	100-200gm	200-800gm
Kuta makmur 1	1st – 3rd	4	7	2	0	5	1
Kuta Makmur II	1st	5	7	0	1	3	7

Ujung Tinggi	1st – 3rd	3	9	1	0	4	6
Air Pinang I	1st – 3rd	3	7	2	0	2	4
Air Pinang II	3rd	4	7	2	0	4	4
TOTAL		**19**	**37**	**7**	**1**	**18**	**22**

SIAGA program

As already noted, SC has been building local capacity to use the SIAGA approach to community mobilization for health. In addition to advocating for improved health services, SIAGA facilitators engaged community participation in establishing emergency preparedness systems related to maternal health. Activities include a family birth preparedness savings account (*Tabungan Bersalin*, or *Tabulin*), and a community birth preparedness savings fund (*Dana Sosial Bersalin* or *Dasolin*), a blood donor system, and an emergency transportation system. In several villages, information on reproductive health was identified as a priority, and appropriate responses supported.

Another interesting aspect of the SIAGA program in Aceh is that facilitators have mobilized communities to take over un-used public buildings, such as clinics and birthing posts abandoned due to the conflict, as SIAGA "posts." These not only give SIAGA a place to host activities, but also raise the profile of the movement in villages.

SIAGA facilitators work in collaboration with each other, through a committee called the Facilitator's Forum. Each village facilitator is responsible for recruiting and training volunteer cadres; to date, 72 SIAGA cadres have been recruited to cover 14 villages, and have been trained in reproductive health, community facilitation and effective communication techniques. Facilitators, with support of cadres, then facilitate community participation in the identification and response to health problems.

In all 14 pilot villages, the need for an emergency preparedness system for maternal emergencies was identified. Facilitators and cadres designed the program in consultation with the broader community, and then socialized systems to the broader community. This Facilitator's Forum worked in collaboration with the PMI (*National Red Cross*) to conduct blood typing of donors in 14 target villages, with about 1,000 people participating. This opportunity was used to promote the need for blood donors, debunking myths that giving blood is against Islam,[2] and beliefs that blood donors will be unable to work for days after giving the donation.

As a result 40 community members also donated their blood, and while no maternal emergencies requiring a transfusion have arisen during this period three other cases needing transfusions were assisted. SIAGA facilitators now have an agreement with PMI to regularly collect blood from these communities, with PMI providing the medical supplies and supplemental food that donors receive.

[2] While not stated in the Quran, some blood donors have concerns that their blood will be used for a non-Muslim patient, which they think is not *halal*.

Table 3: Emergency preparedness system had been established in 14 target villages

Village	SIAGA System have been established					Location of village post
	Blood Donor	Transportation	Notification	Tabulin	Repro. Health	
Ulee Lheue	✓		✓	✓		Kantor Desa
Deyah Baro	✓		✓			TPA[3]
Deyah Raya	✓		✓		✓	Balai Desa
Tibang	✓	✓	✓			Pos Karang Taruna
Alue Naga	✓	✓	✓			Posyandu
Cot Paya	✓	✓	✓		✓	Kantor Desa
Klieng Cot Aron	✓	✓	✓	✓		Posyandu
Lambada Lhok	✓	✓	✓			Balai Desa
Labuy	✓	✓	✓			Kantor Desa
Klieng Meuria	✓	✓	✓		✓	Pustu
Lam Asan	✓	✓	✓			Polindes
Miruk Lam Reudeup	✓		✓	✓		Polindes
Lampineung	✓	✓	✓		✓	Kantor Desa
Lam Ujong	✓	✓	✓	✓	✓	Polindes

In December, Sri Kusyuniati from MNH provided a follow-up technical support, visiting all 14 pilot villages to monitor and to evaluate community participation in the SIAGA emergency preparedness systems. This visit noted several areas of significant progress. First, the SIAGA Facilitator Forum has successfully raised community awareness about maternal health, and mobilized communities to feel responsible for maternal health through the establishment of a emergency preparedness system, and campaigns on reproductive health. The visit also noted concrete results in improving people's health, namely assisting 10 pregnant mothers who needed to be referred to a hospital and facilitating 4 poor people who needed emergency medical services to access the social safety net fund for health services (*Jaringan Pengaman Sosial* or JPS) These activities are overviewed in Appendices 8-10. MNH consultants provided the following recommendations to institutionalize the programs so that it is sustainable:

1. Collaborate with the mass media to ensure the SIAGA program is broadly promoted
2. Meet with district and sub-district government (executive and legislative) to gain support for the program
3. Consolidate facilitator and cadres to improve capacity and build team solidarity
4. Build capacity in fundraising to support SIAGA Forum activities once SC funding ends
5. Promote the SIAGA Facilitator Forum to gain status as an independent institution

Economic Opportunities for Women

During this reporting period, SC continued to support youth and women in economic opportunity (EO). Before the execution of the Martial Law on May 19, 2004, SC had worked with local NGOs in implementing EO programs. Unfortunately, SC was forced to end these relationships due to regulations prohibiting LNGOs to operate. SC decided to hire several staff of our LNGO partner to continue implementation of the program in four villages in the Syiah Kuala district of Aceh Besar (Alue Naga,

[3] *Taman Pendidikan Agama*, or Religious Education Center

Tibang, Deah Raya, and Ulele Lheu). Our understanding with LNGO staff is that at the end of martial law, they will return to their local organizations.

SC has provided training to more than 200 women and 100 youth in microfinance and business development to build and improve their capacities in income generating activities, as shown in the following table.

TRAINING TOPIC	# PARTICIPANTS	OBJECTIVES
Embroidery	8 women and 7 youth	To improve capacity of the beneficiaries in embroidery before they receive working material supports (such as Embroidery Machines, Clothes etc).
Oyster Sauce-Making	14 women and 14 youth	To improve capacity of the beneficiaries in making oyster sauce before they receive working material supports (such as Kerosene stoves, blenders etc).
Introduction to Business Plan	39 women and 64 youth	To give better understanding of how to start a. business and its marketing strategy
Introduction to Market Analysis	40 women and 63 youth	
Microfinance Methodology and Recordkeeping	200 women	To build capacity of the beneficiaries in organizing a saving and lending groups and recordkeeping system.

To conduct training, SC involved external facilitators such as expert trainers in Business Planning and Marketing Analysis. Beyond training, SC provided some working materials to six groups of 30 women and 23 female youth to start their businesses.

SC facilitated EO program beneficiaries to establish a forum that consists of representative of each group, known as BAPESREM. This community forum has responsibilities in promoting and coordinating activities in EO. But for the future, the forum has a plan to increase their roles in other program such health promotion and protection.

In addition to training, SC will provide revolving funds to 200 women who are economically active in three villages (Tibang, Alue Naga, and Ulele Lheu) in February 2004. SC has developed a saving and credit methodology modeled on GGLS (Group Guaranteed on Saving and Lending) that was adjusted to local environment. Locally, it is known as *KSP* (*Kelompok Swadaya Perempuan* or Self-Sufficient Women Groups). KSPs are self-managed groups of 25 women who operate cooperative savings and lending activities. KSPs are comprised of solidarity groups of 5 to 7 women who are agree to guarantee each other's loans and to support each other in developing their businesses.

Targeting of the funds will be based on a survey conducted by SC and BAPESREM. Before disbursement of funds, all of beneficiaries will be required to be trained in saving and credit methodology, and credit record keeping systems. BAPESREM will manage the revolving funds that will be disbursed to the beneficiaries as capital loans. BAPESREM will charge each beneficiary with 1.5% of interest per month. This allows BAPESREM to finance their operating costs and keep the program going on. This approach will be used to ensure sustainability of the program.

Civic Participation and Protection of At-risk Women and Youth

SC supported the establishment of *Task Forces for Women and Youth* in 3 villages. These groups meet regularly to identify and bridge gaps in the community. In the 3 months they have been operational, the Task Forces have inspired a number of activities that improve the welfare of women and children.

For example, in three villages of the Syiah Kuala sub-district, the *Task Force* identified the problem of not enough activities for young people, and established *Youth Interest Clubs* that facilitate activities on art and culture, sports, discussions, and drama. Local youth now host weekly youth discussion groups, attended by about 20 young people per meeting. The Task Forces also established soccer teams for boys, and softball (*bola kasti*) teams for girls. They also facilitated local youth taking the initiative to learn handicrafts together as a way improve life skills, and perhaps supplement family income. An average of 20 youth participate in this program, making hand bags (*tas rajut*) and other handicrafts. None of these activities existed before the Task Forces were established.

After identifying the need for child care of younger children, Task Forces started involving older youth in facilitating play groups and day care for children of working mothers. Families pay Rp. 100 per child per day for the service, which is used to support material needs. Approximately 50 children benefit from the play group.

In Syiah Kuala, Task Forces also identified the need for communication forums for women. After SC trained 28 women and girls in *Gender, Gender Mainstreaming, and Gender Equality*, participants then collected materials and conducted interviews to publish a local bulletin, "*Sinar Desa"* (Light of the Village). The bulletin was distributed to local stakeholders, and the content discussed in subsequent women's meetings. SC also hosted 7 women and girls to attend training in Reproductive Health and Campaign Techniques, which resulted in two campaigns focusing on reproductive health and the dangers of drug use.

Additional Result Area: Build Capacity in the Positive Deviance Approach

In August 2002, PD was introduced to Indonesia through a Positive Deviance workshop in Cianjur, West Java, sponsored with funds from USAID. Twenty five participants from the Ministry of Health, the Cianjur District Health Office, USAID and six international NGOs – Catholic Relief Services (CRS), Mercy Corps (MC), PATH, Project Concern International (PCI), Save the Children (SC), and World Vision International (WVI) – were trained by Positive Deviance expert Jerry Sternin. The objective of the workshop, sponsored with funds from USAID, was to enhance the capacity of INGOs and their partners to address problems requiring social and behavioral change using PD. Soon after, SC sought concurrence from USAID to spend some of the *Coming Home program* funds to support broader capacity-building in the PD approach in Indonesia. A year and a half after the training, the PD approach is alive and thriving in Indonesia:

- Five INGOs have initiated pilot PD nutrition programs in urban and rural settings throughout Indonesia – more than 3,000 children are currently directly benefiting from these programs;
- At least six of the INGOs requesting DAP funds from USAID plan to utilize PD as a behavior change methodology in their food assistance programs;
- The Cianjur District Health Office (DHO), based on the success of a PD pilot program started in one village with funds from USAID, has allocated FY04 budget to expand PD nutrition programs to three new villages covering 15,000 people. They are also requesting budget to expand PD nutrition programs to 20 villages in 2005, impacting a total population of 100,000;

During this period, SC continued to support capacity-building in PD through two mechanisms: the PD Network, and the Cianjur Living University.

PD Network

Save the Children continues to take the lead on facilitating a PD Network among those INGOs and District Health Offices that are using the Positive Deviance approach to address child malnutrition. The PD Network continues to meet monthly to discuss technical issues, lessons learned and successes. Members include the five INGOs currently implementing PD nutrition programs (SC, Mercy Corps, CARE, World Vision, PCI), two INGOs who plan to pilot PD nutrition programs in coming months (CRS and IRD), as well as representatives from USAID, Ministry of Health, Cianjur DHO, and local NGOs.

The PD Network published the first edition of a *PD Bulletin* in September 2003. Network members are currently working on writing and publishing a PD Nutrition *Training Manual for Communities and Caders* to be used throughout Indonesia. The Network is also building capacity of its members to be competent facilitators who can lead PD Orientation Workshops for government and other partners. The Network also organizes exchanges between PD nutrition programs to share lessons learned and approaches.

SC organized two workshops to build the capacity of PD Network Members. The first was on Monitoring and Evaluation (attended by 12 PD Network members), and the second a three-day workshop on facilitation skills (attended by 20 Network members).

Through the PD Network, Save also facilitated a 3-day PD training for 15 Jakarta District Health staff from the five Jakarta districts (South, North, East, West and Central Jakarta). Since this training, all of

the 5 Jakarta District Health Offices have applied for budgets to implement PD nutrition programs in their districts. Plans for the next 6 months include leading a training-of-trainers for two of the five Jakarta DHOs who will be starting pilot PD nutrition education and rehabilitation programs (NERP).

Cianjur Living University

In a July 2003 meeting with Save the Children, the Director General of Community Health, Dr. Azrul Azwar, endorsed the idea of building the capacity of select districts to utilize PD to address community health problems. To do this, consultant Jerry Sternin recommended that SC needs to establish a "PD Living University." A living university is a site where quality, cost-effective and scaleable PD nutrition programs are ongoing, that can be visited by those wishing to learn about the PD approach. Having a living university is key to the scale-up of the PD approach for two reasons. First, PD concepts are best learned by doing, and the living university provides ongoing opportunities for new people to learn these methods in a hands-on fashion. Second, the "learning by doing" approach is also more cost and human resource effective, as orientation and training programs can be integrated into ongoing programs. Finally, the living university provides a concrete example that policy makers can visit to understand that PD programming is cost-effective and scaleable.

There are several reasons the Cianjur district is an optimal site for a living university. First, the ownership shown by the District Office of Health since PD programming started a year ago is outstanding, and the quality of PD nutrition programs is among the most advanced in Indonesia. The district is large enough that PD nutrition programs can be scaled up and operational through the three-year duration of the program. The district is also resource-poor enough that their experience using PD to address nutrition will be relevant to almost any other part of Indonesia. At all times, Cianjur will offer at least one village site—each with up to 12 hamlet NERS—where visitors can study PD.

Another important aspect of the program in Cianjur is the district Department of Health's willingness to develop a model that is resource-efficient enough to be scaleable by government with their own funds. For example, we have agreed with the Cianjur Department of Health to remove cadre "transportation" incentives, which are currently a major cost of implementing PD nutrition programs.[4] We are also exploring ways to conduct cadre training more cost efficiently. Our goal is to be able to sustainably rehabilitate malnourished children for less than the cost per child that district Departments of Health generally budgets for this undertaking. In 2003, the Cianjur Department of Health spent Rp. 385,000 per child to purchase food to rehabilitate 70 severely malnourished children.[5] While the total annual funds district government had to address child malnutrition was small (Rp. 27,000,000, or $3,200), the cost per child was more than seven times as much as the funds this program will spend to purchase food to rehabilitate one malnourished child in Cianjur. Even taking into account the other operational costs of PD programs – such as the PD inquiry, cadre training and monitoring – the program cost per child of Rp. 260,000 is still 30% less than the cost per child the district Department of Health currently budgets to address child malnutrition. This issue is also under discussion with the Department of Health, so that in the next fiscal year they will re-allocate their funds for child malnutrition to support PD programming.

Given Sternin's recommendation to establish a Living University, SC sought and received concurrence from USAID to continue to support Cianjur PD nutrition programming with funds through CHP. The Cianjur pilot project started in December 2002, and currently has 12 NERS running. Save the Children made a smooth transition with PATH and is now filling the role of providing technical assistance to the DHO.

A total of 160 children have participated in the program for at least 2 months. Of those, 47 (29%) have graduated, 28 (18%) have gone from severely malnourished to moderately malnourished, and 24 (13%)

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[4] Save the Children and other INGOs using PD have almost always paid some kind of "transportation" incentive to cadres to manage NERS programs. These incentives range from Rp. 60,000/month/cadre to 50 kilos of rice/month/ cadre (valued at Rp. 240,000). These types of incentives add up to a considerable portion of PD nutrition program budgets. Only Save the Children's NGO partner Aulia does not give an incentive to cadres funded by the donor; instead, they seek donations of soap and other goods to give cadres as an incentive for managing the NERS.

[5] The Department of Health budget is Rp. 27,000,000 for 70 children to receive a daily food supplement (milk, eggs) for 90 days, or about Rp. 4,285 per child per day in food supplements.

have gone from moderately malnourished to well nourished. Of the 17 children who have dropped out (10%), 12 did so because they moved away. Two of the 12 NERS have rehabilitated all the malnourished children in their community so the NERS will close in December and the cadres will monitor the nutrition status through the regular Posyandu monthly weighing activities.

Plans for 2004 include expanding the PD NERS to 5 new villages, with funding for 4 of the villages coming from the DHO budget. The Head of the District Health Office, Dr. Dedi Kuswenda is very enthused with the results, preliminary sustainability of nutritional status, and the cost effectiveness of the PD NERS pilot program. He wants to use this approach to address other health problems in his district. Training in January 2004 on using the PD Approach to address Posyandu Performance and Goiter will be led by Save Consultant Jerry Sternin and PD Program Manager Randa Wilkinson. The 25 participants will include DHO staff, Puskesmas staff, and community leaders from the village affected by goiter. A baseline data collection has been made in the goiter endemic area and the DHO has asked Save the Children to provide technical assistance for the pilot project to start in March.

3. Other Program Areas

Program Management

In July 2003, it became clear that expatriate staff would not be allowed into Aceh for some time. David Mayo resigned as Program Manager, and was replaced by Dr. Cut Idawani MMSc, the previous head of the provincial Department of Health. In October, Dr. Cut was given the responsibility of Acting Program Director.

Sri Wahyuni, who previously worked as service contract staff for the position of Health Field staff**,** has become SC staff from June 9, 03. She is responsible to manage and coordinate PD Nutrition program in Banda Aceh sites.

In August, SC established an office in Simeulu. SC has hired 8 service contract staff, in the positions of Office Coordinator (1), Office Support (1), Malaria Coordinator (1), Malaria Field staff (2), PD Coordinator(1) and PD field staff (2).

During this period, SC also hired two full-time expatriate technical advisors who provide support to the CHP. Summer Rosenstock was hired as Senior Health Advisor, and has provided technical and managerial support in the areas of malaria and behavior change. Randa Wilkinson was hired as Positive Deviance Program Manager, and provides support to the Aceh program in addition to her broader responsibilities on PD in general.

In October, Save the Children's Deputy Director, Laurel MacLaren, also started providing managerial and technical support to the program at 30% level of effort.

Communications

Since October 2003, the communications to the SC Aceh office have improved with the use of a broadband internet connection, facilitated by Aceh skylink network.

Security

Since the imposition of martial law starting May 19, 2003 and continuing up to present, the security situation in Banda Aceh has improved. Clashes between GAM and TNI/ POLRI are rare, and public transportation is available both during the day and in the evening. However, economic activities have not resumed to normal as people are still worried that the situation is precarious, and thus many are afraid to start their work and businesses.

During marital law, SC has improved coordination and partnerships with local government institutions such as the Department of Health, Department of Social Affairs, the PDMD (*Penguasa Darurat Militer Daerah*), and local police. SC keeps these institutions aware of our activities, and ensures we have the correct operational permits to continue our work.

Appendix 1: Table of CHP Intervention Areas and Activities

Sub district	Village	Activity
Baitussalam of Aceh Besar	9 villages (Klieng Cot Aron, Cot Paya, Lampineung, Lambada lhok, Lam Ujong, Lam Asan, Klieng Meuria, Miruk Lam Reudeup, Labuy)	Desa SIAGA and Midwives Training
Syiah Kuala of Banda Aceh	3 villages (Alue Naga, Deah raya, Tibang)	1. Desa SIAGA and Midwives Training 2. Positive Deviance (Alue Naga) 3. Women and EO
Meuraksa of Banda Aceh	2 villages (Deah Baro, Ulee Lheu)	Desa SIAGA and Midwives Training
Simeulu Timur	17 Villages (Lugu, Ganting, Kuala Makmur, Kota Batu, Labua, Suak Bulu, Nancawa, Matanurung, Air Dingin, Amiria Bahagia, Pulau Siumat, Pulau Teupah, Suka Jaya, Suka Maju, Sinabang, Suka Karya, Ujung Tinggi)	1. Malaria Control 2. PD Nutrition (3 villages)
Simeulu Teungah	2 villages (Lambaya, Amarabu)	Malaria Control
Salang	1 villages (Bunga)	Malaria Control
Teupah Selatan	9 village (P. bengkalak, Lataling, Anaou, Labuan bajau, Labuan Bakti, Pasir Tinggi, Labuan Jaya, Ulul Falu, Ulul Mayang)	Malaria Control
Teluk dalam	1 village (Buluh Hadek)	Malaria Control

Appendix 2: Maternal Health and Midwife Training Activities July – Dec 03

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
1	Socialize the program to Local stakeholders/authorities at district and provincial level	0	Charge to Comm. buy in Budget	Juni - July	SC, DOH (Prov, Banda Aceh, and Aceh Besar), DPRD, MPU, DDII, IBI, Youth Organizations.
2	Socialize the program to Local stakeholders/authorities at sub district /village level	0	Charge to Community buy in	Juni - July	SC, DOH (Prov, Banda Aceh, and Aceh Besar), DPRD, MPU, DDII, IBI, Youth Organizations.
3	Train 14 residents from 14 villages of Baitussalam, Syiah Kuala, and Meuraksa the skills to facilitate joint decision making by all residents of their villages on issues to improve maternal and child health. As a result of this workshop, each participant/facilitator developed a strategic plan to apply participatory decision making to maternal and child health issues in their village and all of them created a Facilitator's Forum to give each other moral and technical support.	37,356,300	24,500,740	4 -7 Aug 03	14 villagers (facilitator) (9 females, 5 males)
4	Taught other key players in the 14 villages, such as midwives and PMI, how to help the Facilitators and Village Heads apply participatory decision making to improve maternal and child health. This workshop produced a Stakeholders Forum to coordinate input by these other keys players and the advocacy system.	15,501,000	Charge to Facilitator Training Budget (2,000,000)	8 – 9 August 03	6 villages midwives, 3 Midwives as coordinator of KIA (MCH) at Puskesmas, 2 journalists, 2 staff of Prov. DOH, 1 staff of Aceh Besar DOH, 1 from Prov. PMI (Indonesian Red Cross), and 2 from IBI (Midwives Alliance)
5	Training for head of villages and Mukim. Train the heads of the same 14 villages how to help the 14 Facilitators apply participatory decision making to improve maternal and child health. As a result of this workshop Village Heads developed personal lists of rights and responsibilities.	17,116,800	Charge to Facilitator Training Budge(2,000,000)	11-12 Aug 03	14 head of villages in SIAGA program coverage, 2 represents head of mukim
6	Strengthening Facilitator Forum which aims at helping facilitator to prepare for program socialization in the community	0	Charge to Facilitator Training Budget (100,0000)	15 Aug 03	14 facilitators, 3 village midwives
7	Prepare a plan for kader training	0	Charge to Facilitator Training Budget	23 Aug 03	14 facilitators, 3 village midwives

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
			(100,000)		
8	Set up Base-camp for Facilitator. The base-camp will be the central where all of Desa SIAGA activities planned, monitored, and evaluated.	16,485,000	5,410,000	August – Sept 03	14 facilitators, 3 village midwives
9	Community Buy in Phase 1 in Alue Naga	0	Charge to Community buy in Budget (200,000)	28 Aug 03	300 Alue Naga Community
10	Participatory Management Training for kader (phase I)	13,065,000	10,978,200	5-6 Sept 03	72 villagers (kaders)
11	Community Buy in /Program Socialization in 14 target villages. Worked with the Facilitators trained in earlier workshops to explain the concept of participatory decision making on maternal and child health to village stakeholders in each of the same 14 villages in order to obtain their buy-in to the concept.	5,800,000	4,267,500	28 Aug – 17 Sept 03	On average 120 – 375 community attended in each village.
12	Meeting with P2KS, stakeholders, IBI, village midwives, and midwives who own the clinics regarding to the standard of clinic based on the standard of APN (Asuhan Persalinan Normal)			18 Sept 03	20 participants (4 from P2KS Banda Aceh, 3 stakeholders, 3 from IBI, 4 village midwives of desa SIAGA, 6 midwives who own the clinics.
13	Pre- Assessment to clinics	0	0	20 Sept 03	9 midwives who own clinics
14	Direct observation to the clinics that applied self clinic assessment	0	0	22 Sept 03	P2KS Aceh, SC SIAGA staff
15	Prepare tool for the assessment	12,050,000	3,059,170	23 – 26 Sept 03	2 consultant from MNH, 2 P2KS staff of Banda Aceh
16	Specify Function of and Procedures for Tabulin System	0	0	October 03	
17	Specify Functions of and Procedures for Dasolin System	0	0	Idem	
18	Specify Functions of and Procedures for Transportation System	0	0	Idem	
19	Specify Functions of and Procedures for Notification System	0	0	Idem	
20	Specify Functions of and Procedures for Blood Donor System	0	0	Idem	
21	Establish Systems in Target Villages	0	0	Idem	
22	Regular Forum Meetings				14 Facilitators, SC
23	TOT on APN for 5 Village Midwives and 3 P2KS staff. Those have been trained in Jakarta will be trainer for the others in aceh. In addition to attending the training, all participants also had a chance to	64,513,900	36,719,096	13 – 22 Oct 03	5 village midwives, 3 staff of P2KS Aceh

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
	visit Desa SIAGA-MNH site in Cirebon West Java				
24	TOT for Facilitator Forum	11,815,500	10,467,400	16 – 19 Oct 03	17 Participants (14 facilitators, 5 midwives)
25	Facilitated series of meetings between Facilitator Forum with PMI to enter in to an agreement regarding to regular blood donor of the communities in the 14 target villages of SIAGA program.	0	Charge to TOT on APN budget (75000)		SC, Facilitator Forum, PMI
26	Blood Mapping/Typing. To smooth the the blood donor process, SC supported health supplies (Anti serum, glasses, blood bag), supplementary food (porridge, noodle, milk, bread) and transportation cost for PMI	80,102,000	77,528,925	21-25 October 03	SC, Facilitator Forum, PMI, and approximately…..community members in all 14 target villages participated. 40 community members donated their blood.
27	Facilitator Forum carried out discussion on Reproductive Health in three villages in Baitussalam sub district	0	Charge to Blood Mapping Budget (350,000)		November 03 (during Ramadhan)
28	Standardization APN for midwives and P2KS in Banda Aceh.	109,216,400	88,467,653	4 – 13 November 03	10 participants (2 P2KS staff, 2 midwives who own clinics, 6 village midwives in Desa SIAGA)
29	Counseling Training for Ulama. In the training, participants were taught counseling techniques and reproductive health.	5,991,400	5,775,400	17 – 18 November 03	28 religious leaders (imum Meunasah and Imum Mukim)
30	Refresher APN Training. The training which is located in the clinical training sites and facilitated by SC consultant from MNH (dr Asmuyeni Muchtar) and senior midwives from West Java aims to refresh the skills on Normal Delivery care had been learned in the previous training. Participants spent one day for theory and another two days for practice. The training also selected 9 participants to be trained as trainer in Clinical Training Skill (CTS) APN.	17,170,000		29 Dec 03-1 Jan 04	18 participants (2 P2KS staff, 3 midwives from clinical training sites, 1 from clinic satellite, 12 midwives in Desa SIAGA)
31	Monitoring and Evaluation. Monitoring and evaluation was carried out by SC staff together with consultant from MNH	8,424,300	8,424,300		SC staff, MNH Consultants
32	Visit to clinical training sites in order to get the information on equipment to be supported by SC.				2 SC and 1 P2KS Banda Aceh Staff
33	Purchase and distributed Clinical Equipments for clinical training sites such as Partus Set, Hecting Set, tromos Has, Troly, and Phantom		Charge to APN Standardization APN (15,000,00		SC, Midwives in Clinical training sites, P2KS

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
			0)		
34	Prepare IEC materials (Banner, leaflet, sticker, newsletter)	35,100,000	0	On-going	
35	Trained Midwives regular meeting			reguler	
36	Assessment for Clinical Training sites (phase II). The assessment was intended to select additional clinics to be training sites for APN. The assessment that was facilitated by Senior midwives from West Java and P2KS Banda Aceh recommended two clinics which met the minimum standard to be Clinical Training site on APN (1 in Banda Aceh and 1 in Aceh Besar)			31 Dec 03 - 1 Jan 04	P2KS, Consultant, midwives who own clinics

Appendix 3: Clinical Training Technical Assistance from MNH

No	Type of technical Assistants	Target	Venue	Date	Consultant
1	Meeting about APN standarization	P2KS, Stakeholder, IBI, Bidan Desa, Clinical Site	Banda Aceh	Sep-03	Dr George Andrian & Dr Asmuyeni
2	Preparation Assessment Tool	Clinical Site	Banda Aceh and Aceh Besar	Sep-03	Dr George Andrian & Dr Asmuyeni
3	Standarization APN Training	5 person Village's Midwives, and 3 person P2KS Staf	Jakarta	Oct-03	Dr George Andrian, Yeni, Mia Pasik
4	Standarization APN Training Post Jakarta Training	2 Midwives of P2KS Staf, 2 Minwives of Clinical Site, and 6 Village's Midwives	Banda Aceh	Nov-03	Dr George Andrian, Dr Asmuyeni, Neni Juhani
5	Refresher APN	2 P2KS staff, 3 Clinical Site, 1 Satelite Clinical Site, 12 Village's Midwives	Banda Aceh	Dec-03	Suhati, Dr Asmuyeni, Illah Mursilah
6	Assessment Clinical Site	2 Clinical Site in BNA and 3 in Aceh besar	Banda Aceh and Aceh Besar	Dec-03	Illah Mursilah, Suhati
7	Meeting review and evaluation	P2KS, Stakeholder, IBI, Bidan Desa, Clinical Site	Banda Aceh	Dec-03	Dr Asmuyeni

Appendix 4: Malaria Control Activities July – December 2003

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
1	Facilitated a technical coordination meeting in Medan that was participated by SC, IAMI, NAMRU, MOH, Provincial DOH, and Simeulu DOH. The meeting produced An integrated action plan for The Malaria Control intervention for Simeulu.	Charged in to travel budget			
2	Train SC Malaria staff in Community facilitation skill	0	0	September 03	3 SC Malaria staff, SC Consultant
3	Sent 2 DOH staff to attend a Training of Master Facilitators workshop on malaria which is funded by IAMI	Funded by IAMI		October	
4	Conducted meeting with Local authorities in Simeulu in order to get them buy in to the ideas. Political support and commitment from all parties gained. Especially the Bupati, he stated that he would give instructions to all Department to support the roll back Malaria in accordance with each function, advocated DOE to induce the topic of Malaria into school curriculum and advocated the establishment of Local Public Policy against malaria				
5	Meet with DOH in Aceh and sign joint agreement delineating roles of DOH and SC – CHP	1,500,000	0		
6	Clarify with DOH target villages and criteria for facilitators	0	0	Sept 03	
7	Collect IEC materials already produced in country for malaria control	0	0	Sept 03	
8	Modify IEC materials to make them culturally appropriate	1,000,000	1,000,000	Oct 03	
9	Produce Bed net installation instruction sheet	1,500,000	1,500,000	Nov 03	
10	Request another 10,000 copies of bed net insert from Perma Net	0	0	Nov 03	
11	Produce 200 Kader booklets	5,440,000	3,000,000	Nov 03	
12	Produce 600 each of two posters	10,000,000	4,560,000	Nov 03	
13	Produce 20,000 leaflets	1,000,000	9,100,000	Nov 03	
14	Plan and carry out facilitator training	13,840,000	9,514,540	7-11 Oct 03	19 from DOH, 3 SC staff
15	Meet with village leaders and form community task force	3,400,000	0	Oct 03	
16	Plan and carry out kader and community task force training	71,515,000	30,141,000	1 – 20 Nov 03	90 kaders, 116 community taskforces
17	Meet with village task force	3,400,000	0		
18	Hold village meetings	175,000	0		

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
19	Carry out household registration	6,500,000	6,000,000		
20	Another 10,000 nets, provided by IAMI, delivered to Simeulue by P2M	0	0		
21	Carry out data collection for KAP	92,050,000	92,050,000	Oct – Dec 03	
22	Created Joint Team consisting of SC and DOH staff	213,820,000	156,865,540		
23	Contact Task Force to Confirm Date and Time of Delivery			Oct 03	
24	Ensure that taskforce members and kaders will assist with delivery			Oct 03	
25	Registered families that will receive bed net				
26	Developed Technical Instruction Book			Nov 03	
27	Counted the number of bed nets available in the storage room of DOH			1-4 Nov 03	
28	Divided and packed the net per areas based on the data provided by DOH			24 Nov 03	
29	Provided Local transport for kaders and taskforce members who actively involve in bed net distribution	20,160,000	6,310,000	Dec 03	
30	Put stickers on every targeted house	0	0	4-6 Nov 03	
31	Mobilize the community to clean their own environment			Nov-Dec 03	
32	Socialize the bed net use, treatment, etc	0	0	7-11 Nov 03	
33	Delivered Bed nets to Target Households	3,250,000	3,250,000	7-11 Nov 03	
34	Ensure Bed net Installation			18 – 21 Nov 03	
35	Meeting to evaluate the distribution	0	0	18 – 21 Nov 03	
36	Taking Blood sample in 7 villages from 8 villages planned	800,000	700,000	18 – 21 Nov 03	
37	Meeting with Head of DOH to evaluate the program implementation as well as issues in the field			3 Dec 03	
38	Developed questionnaires for Program Monitoring and Evaluation	0	0	December 03	
39	Continued distribution to Ulul mayang (a village in Teupah Seulatan , ensure the installation, and mobilize community to clean their environment	0	0	11 – 15 Dec 03	
40	Meet with team from DOH to discuss the net distribution which is still postponed to Pulo teupah and Pulo Siumat villages due to bad weather	0	0	16 Dec 03	

Appendix 5: PD Nutrition Activities in Banda Aceh sites July- December 2003

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
1	NERS 1 Musafir Bunot	3,966,400	3,440,500	14-24 July 03	Musafir 10,bunot 14 orang
2	Home visit 1	0		25 July – 5 Aug03	Musafir 10,bunot 14 orang
3	Ners 1in Kutaran and Podiamat	7,480,400	4,769,000	4 - 15 Aug 03	Kutaran A 12,Kutaran B 19,podiamat 10
4	home visit 1	0		16 – 28 Aug 03	Kutaran A 12,Kutaran B 19,podiamat 10
5	NERS 2 Musafir Bunot	2,402,400	2,120,000	14 – 25 Aug 03	Musafir 10,bunot 14 orang
6	home visit 2	0		26 Aug – 7 Sept 03	Musafir 5,bunot 14 orang
7	Ners 2 in Kutaran and Podiamat	3,619,000	3,590,000	26 Aug – 7 Sept 03	Kutaran A 11,Kutaran B 12,podiamat 10
8	home visit 2	0		8- 19 Sept 03	Kutaran A 11,Kutaran B 12,podiamat 10
9	NERS 3 Musafir Bunot	4,422,500	3,462,000	4 – 17 Sept 03	Musafir 26,bunot 14 orang
10	home visit 3	0	0	8 – 19 Sept 03	Musafir 15,bunot 14 orang
11	NERS 3 in Kutaran and Po diamat	4,422,500	3,462,000	1- 12 Oct 03	Kutaran A 11,Kutaran B 12,podiamat 10
12	home visit 3	0	0	13 – 24 Oct 03	Kutaran A 11,Kutaran B 12,podiamat 10
13	NERS 4 Musafir Bunot	Combined w/ budget for Kutaran		4 – 17 Oct 03	Musafir 17,bunot 14 orang
14	home visit 4	0	0	13 – 24 Oct 03	Musafir 17,bunot 14 orang
15	Provided technical assistance to PD Simeulu (ayie	1760,000	2,175,000	6 – 23 Oct 03	Ayie
16	Provided technical assistance to PD Simeulu (luthfi)	975,000	975,000	14 – 27 Sept 03	luthfi
17	NERS 4 in Kutaran and Podiamat	3,939,500	3,462,000	30 Oct – 10 Nov 03	Kutaran A 11,Kutaran B 12,podiamat 5
18	home visit 4	0	0	9 – 21 Nov 03	Kutaran A 11,Kutaran B 12,podiamat 5
19	NERS 5 Musafir Bunot	Combined w/ budget for Kutaran		7 – 20 Nov 03	Musafir 12,bunot 13 orang
20	home visit 5	0	0	22 Nov – 2 Dec 03	Musafir 17,bunot 13 orang

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
21	Ners 5 in Kutaran and Podiamat	3,477,000	2,508,100	4 – 14 Dec 03	Kutaran A 11,Kutaran B 4,podiamat 5
22	home visit 5	0	0	11 – 22 Dec 03	Kutaran A 11,Kutaran B 4,podiamat 5
23	Ners 6 in Musafir & Bunot	Combined w/ budget for Kutaran		11 – 22 Dec 03	Musafir 12,bunot 13 orang
24	home visit 6			23 Dec 03 – 4 Jan 04	Musafir 17,bunot 13 orang
25	PD staff meeting in Medan	25,100,000	10,532,000	7 – 9 Dec 03	Randa, Pajar, Cuta Idawani, Ipah, Ayie, Lutfi, Munir, Rahmad, Nurul
26	Sent two PD staff to attend Training Facilitator and Participatory management in Bogor(Rahmad dan Ayie)				Ayie, Rahmat
27	Refreshing kader training. The training aims to improve kader skill in Community Facilitation	1,890,000	1,890,000	20 Dec 03	SC, 22 kaders
28	Conducted with mothers in Musafir/ Bunot. It was carried out to see mothers achievement in PD process and health messages	0	0	23-24 Dec 03	24 mothers
29	Monthly Meeting to share PD process and achievement with local authorities and stake holders	1,797,000	1,542,000	31 Dec 03	Local authorities

Appendix 6: PD Nutrition Activities in Simeulu sites July – December 03

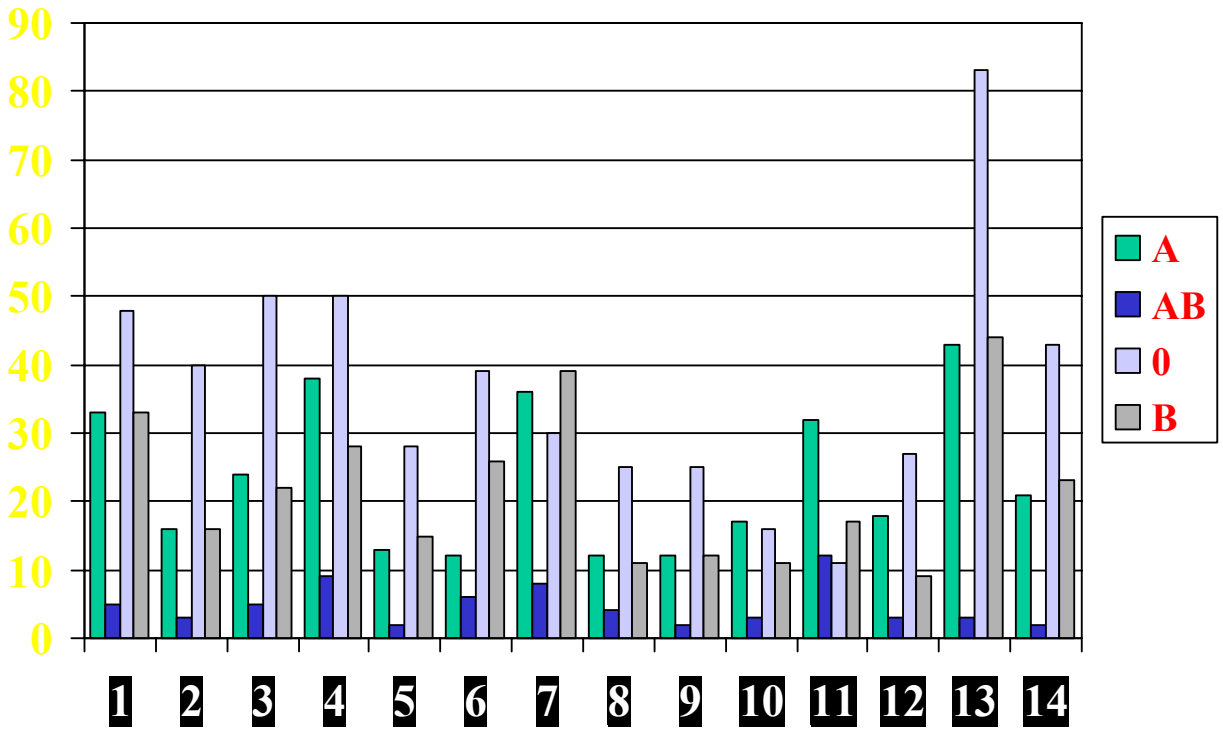
No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
1	Sensitized local authorities to the concept of PD and obtained buy-in to the idea	1,205,000	2,578,900	Sep 9,03	48 participants (SC, Local authorities)
2	Selected communities based nutritional status of children <5. Kuala Makmur, Ujung Tinggi, and Air Pinang villages of East Simeulu were selected for pilot projects.	0	0	Sept 03	PD Specialist, PD COordinator
3	Trained 12 kaders/volunteers and 2 village midwives in PD concept, how to conduct FGDs and home visits	4,002,130	2,062,500	22-24 Sept 03	12 kaders
4	Conducted FGDs to find out common practices in caring, feeding, hygiene, and health seeking among mothers of children < 5.			26 – 27 Sept 03	24 fathers, 24 mothers, 24 siblings, 24 grandmothers
5	PD Inquiry Simeulu .Conducted home visits to find out 'specific practices' in caring, feeding, hygiene, and health seeking among mothers of children < 5, whose children are well nourished, to be PD families	2,748,000	981,500	28 – 29 Sept 03	PD team Simeulu,PD staff Banda Aceh, PD Specialist,12 kaders, 2 midwives, 2 Puskesmas staff, NERS participants, KKD
6	PD Community Mobilization/ Meeting I Simeulue	1,148,400	721,000	17 – 19 Sept 03	SC, PD specialist, 12 kaders, 2 midwives, 300 community members
7	PD Training for Bidan,Kaders, Health Staff Simeulue			22 - 24 Oct 03	PD team Simeulu,PD staff Banda Aceh, PD Specialist,12 kaders, 2 midwives, 2 Puskesmas staff
8	PD Community Meeting II Simeulue	2,750,000	386,000	6-8 Oct 03	
9	NERS Training for kader, midwives and DOH	2,689,000	2,094,500	9-12 Oct 03	PD team Simeulu,PD staff Banda Aceh, PD Specialist,12 kaders, 2 midwives, 2 Puskesmas staff
10	NERS 1 in three villages running 4 posts	6,111,600	4,417,000	13- 25 Oct 03	52 children
11	Home visit 1	0	0	26 Oct – Nov 03	52 children
12	NERS 2 in three villages running 4 posts	3,959,600	3,404,000	8-19 Nov 03	52 children

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participants
13	Home visit 2	0	0	20 Nov – 1 Dec 03	52 children
14	NERS 3 in 4 old posts and NERS 1 in new post	4,130,500	3,508,900	9 Dec 03 – 1 Jan 04	60 children

Appendix 7: SIAGA: Table of blood donors in 14 target communities

No	Desa	Tanggal/Jam	Penanggung jawab	Tempat
1	Alue Naga	21-10-03/10.00-13.00	Rosnawati	Meunasah
2	Deyah Raya	22-10-03/09.00 – 12.30	Irfan al-Kadafi	Meunasah
3	Lam Asan	24-10-03/14.30 – 17.00	Rosita	Meunasah
4	Lambada Lhok	23-10-03/14.00 – 16.30	Lailatul Badriah	Meunasah
5	Deyah Baro	23-10-03/09.00 – 11.30	Wardiah	Meunasah
6	Ulee Lheu	23-10-03/10.00 – 12.30	Hernawati	Meunasah
7	Klieng Cot Aron	24-10-03/14.30 – 17.00	Aisyah	Meunasah
8	Labui	25-10-03/14.00 – 17.00	Sayuti Helmi	Meunasah
9	Cot Paya	23-10-03/14.00 – 17.00	Irwan	Meunasah
10	Tibang	25-10-03/14.00 – 16.30	Irfan Fatteri	Meunasah
11	Lam Ujong	23-10-03/14.00-17.00	Suryana	Meunasah
12	Miruk Lam Reudeup	24-10-03/09.00-12.30	Abubakar	Meunasah
13	Lampineung	24-10-03/09.00-12.30	Lailatul Ismi	Meunasah
14	Klieng Meuria	24-10-03/14.30-17.15	Nurrabitah	Meunasah

Appendix 8: Blood Mapping figure in 14 target villages



Note:

1. 0 – 90 Number of Population
2. 1 – 14 the village

Appendix 9: People Benefiting from SIAGA Emergency Preparedness system

No	Cases	Name & Village Resident	Types of Assistance			
			Transportation	Blood Donor	Fund	Others
1	A poor pregnant mother, High risk (40 YO) and Hypertension	Labuy of Baitussalam	✓		Advocate to get Social Safety Net or JPS fund	
2	Pregnant Mother want to deliver baby but the baby didn't come out from 22.00 – 06.00 and had bleeding record. Midwives said, she need to be referred	Raziah (Cot paya of Baitussalam)	✓		Advocate to get Social Safety Net or JPS fund	
3	Pregnant Mother want to deliver baby and bleeding	Nurbayani (Deah Baro of Meuraksa)	✓			
4	Pregnant mother (8 months), weak, do not want to eat, pale	Zainabon (Klieng Cot Aron				Advice and accompany to see midwives
5	Pregnant mother with Placenta Praevia and need surgery	Safriani (ULee Lheu of Meuraksa)	✓		Advocate to have discount fee by showing a letter explaining that she is from poor family	
6	Appendicitis case	(ULee Lheu of Meuraksa)				Advise to refer the case to hospital and accompany them
7	A man from poor families complaining lever	Saifuddin (Deah Raya of Syiah Kuala)			Advocate to get Social Safety Net or JPS fund and lend then Facilitator personal money	
8	Pregnant mother and have tumor	Rusni (Lam Ujong of Baitussalam)	✓		Advocate to get discount fee by showing a letter explaining that she is from poor family	
9	Pregnant mother with Hernia umbilicus (Tali pusat membumbung)	Deah Baro of Meuraksa				
10	Old man (60 YO) with Uro lithyasis/ Urenary trackstone (batu karang) doing surgery and need blood donor but none of his family wanted to support it.	Sulaiman (Alue naga of Syiah Kuala)				Advise his family to donate blood and they finally agreed.
11	Pregnant mothers want to deliver baby	Alue naga of Syiah Kuala				Accompany the family and take the mother to midwives

No	Cases	Name & Village Resident	Types of Assistance			
			Transportation	Blood Donor	Fund	Others
						(Clinical training site- Ibu Erni)
12	A pregnant mother who want to deliver baby, none of his family (husband, relative) around.	Arbai'ah (Cot Paya of Baitussalam)				Take her to the midwife and Accompany her until her husband came back
13	Pregnant mothers want to deliver baby but was not happened at the targeted time, thus the doctor committed surgery	Lisnadewi (Lam Asan of Baitussalam)	✓			

Appendix 10: SIAGA Community Mobilization Technical Assistance By MNH

No	Type of technical Assistants	Target	Venue	Date	Consultant
1	Review SIAGA Strategy that developed by SC SIAGA Team	SIAGA Team (Khatib, Nizam, Said, Bismi)	Banda Aceh	Jul-03	DR Sri Kusyuniati & Toto Raharjo
2	Train Facilitator of SIAGA about SIAGA Model	14 persons of representative of 14 villages	Banda Aceh	Aug-03	DR Sri Kusyuniati & Toto Raharjo
3	Train Stakeholder about Community Mobilization and Advocacy	17 persons of stakeholder (Journalis, PMI, IBI, Villages Midwives, Dinas Kesehatan Banda Aceh, Dinas Kesehatan Aceh Besar)	Banda Aceh	Aug-03	DR Sri Kusyuniati & Toto Raharjo
4	Train 14 head of 14 villages about SIAGA Model and Health Policy	14 head of 14 Villages (three Subdistrict)	Banda Aceh	Aug-03	DR Sri Kusyuniati & Toto Raharjo
5	Design SIAGA Strategy with Facilitator Forum	17 persons of Facilitator Forum	Banda Aceh	Aug-03	DR Sri Kusyuniati & Toto Raharjo
6	Review of SIAGA Development	SC SIAGA Team in Jakarta	Jakarta	Oct-03	DR Sri Kusyuniati & Toto Raharjo
7	Evaluation of SIAGA Facilitator about their capacity in term of community mobilization, SIAGA achievment, awarenes of community abouth their health, and set up future planning for Facilitator Forum	14 Facilitator Forum	Banda Aceh	Dec-03	DR Sri Kusyuniati & Toto Raharjo

Appendix 11: Women and Economic Opportunity

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participant planned	Participant Attended			
						Women	Boy	Girl	Total
1	Embroidery Training	19,615,000	19,430,500	2-11 Aug 03	**15**	8	-	7	**15**
2	Create Task Force for publishing Bulletin	2,485,500	1,857,400	30-31 Aug 03	**35**	8	7	15	**30**
3	Provide Mentoring	375,000	356,300	30-31 Aug 03	**125**	42	11	77	**130**
4	Training how to prepare Bulletin	4,855,000	1,500,000	26-28 Aug 03	**35**	9	7	19	**35**
5	Market Analysis Training	5,104,000	4,722,730	20-21 Aug 03	**112**	40	8	55	**103**
6	Business Plan Training	5,104,000	3,106,000	22-23 Aug 03	**112**	39	5	59	**103**
7	(Community) Workshop to Establish Community Forum	3,951,000	821,500	10-12 Aug 03	**28**	9	9	8	**26**
8	Create Youth Peer Group	1,312,500	1,298,900	2-4 Sept 2003	**105**	-	15	54	**69**
9	Create Task Force for Youth Peer Group	2,038,000	1,467,000	6-7 Sept 2003	**35**	-	6	26	**32**
10	Create Women Peer Group	1,312,500	1,298,900	10-11 Sept 2003	**105**	68	-	-	**68**
11	Create Task Force for Women Peer Group	2,038,000	1,623,000	16-17 Sept 2003	**35**	36	-	-	**36**
12	Training how to make Oyster Sauce	3,136,500	2,932,800	4-6 Sept 2003	**28**	14	-	14	**28**
13	Create Special Interest Club	978,500	622,000	19-Sep-03	**28**	-	5	23	**28**
14	Small Scale Enterprise Training	6,951,000	2,720,000	24-26 Sept 2003	**28**	10	7	13	**30**
15	Support office supplies and equipment to strengthen Community Forum	15,925,000	10,582,500	4-Oct-03		-	-	-	
16	Published 400 exemplar bulletin 'Sinar Desa' and distribute them to S..Kuala community and stakeholders	2,000,000	1,400,000	30-Nov-03		-	-	-	
17	Community Saving group Training	2,205,500	1,846,000	26-27 Sept 2003	**28**	10	5	13	**28**
18	Meeting Among Women and Youth on Provide Day Care	3,192,500	2,604,000	29-30 Sept, 1 Oct 2003	**105**	49	3	49	**101**
19	Purchase Support Working Material for Bed Cover	24,470,000	16,720,000	20-Sep-03	**-**	-	-	-	
20	Support / Facilitate Regular Meeting of Community Forum	823,000	545,000	9-Sep-03	**28**	9	1	5	**15**

No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participant planned	Participant Attended			
						Women	Boy	Girl	Total
	Community Forum								
21	Conduct Follow Up Visit and Mentoring for Youth	1,875,000	1,810,000	22-Sep-03	**105**	-	6	38	**44**
22	Conduct Follow Up Visit and Mentoring for Women	1,875,000	1,797,200	21-Sep-03	**105**		-	-	**0**
23	Gender Equality Training	4,354,000	2,240,000	8-9 Oct 03	**28**	11	9	8	**28**
24	Gender Basic Concept Training	5,340,000	3,240,000	10-12 Oct 2003	**28**	11	9	8	**28**
25	TOT Gender	8,900,000	5,450,000	13-17 Oct 03	**28**	11	9	8	**28**
26	Women's Right Training	3,498,000	3,165,500	24-26 Oct 03	**28**	10	3	14	**27**
27	Training how to prepare/write news/ article to be publicized in a bulletin	2,253,000	1,125,000	25-27 Oct 03	**15**	4	3	11	**18**
28	Reproductive Health Campaign for youth	1,360,000	560,000	6-7 Oct 03	**1 class (45-50 students)**	6	23	23	**52**
29	Review and re-structure The Community Forum	1,653,000	1,577,000	23-24 Oct 03	**28**	12	6	4	**22**
30	Follow Up Interest Club	420,000	408,000	12-Oct-03	**28**	-	6	38	**44**
31	Facilitate regular meeting among Youth to set up their monthly planning to support community activities	2,003,000	1,928,000	25-26 Oct 03	**35**	-	8	26	**34**
32	Conduct Follow Up Visit and Mentoring for Youth	1,978,000	1,931,000	9-10 Oct 2003	**125**	-	43	54	**97**
33	Conduct Follow Up Visit and Mentoring for Women	1,978,000	1,871,500	11-12 Oct 03	**125**	97	-	-	**97**
34	Methodology and Record Keeping System (Microfinance)	938,000	559,000	8-12 Nov 03	**11**	2	3	5	**10**
35	Conduct Follow Up Visit and Mentoring for Women	1,978,000	1,862,500	20-Nov-03	**125**	120	-	-	**120**
36	Conduct Follow Up Visit and Mentoring for Youth	1,978,000	1,862,500	19-Nov-03	**125**	-	4	87	**91**
37	Anti Drug Campaign for youth	1,480,000	680,000	16-17 Nov 03		125	4	89	**218**
38	Discuss the content of bulletin with local Women and Youth	612,750	570,000	18-Nov-03	**35**	19	7	9	**35**
39	Facilitated and support Community Forum 'Bapesrem' Regular	523,000	456,000	19-Nov-03	**28**	8	4	2	**14**

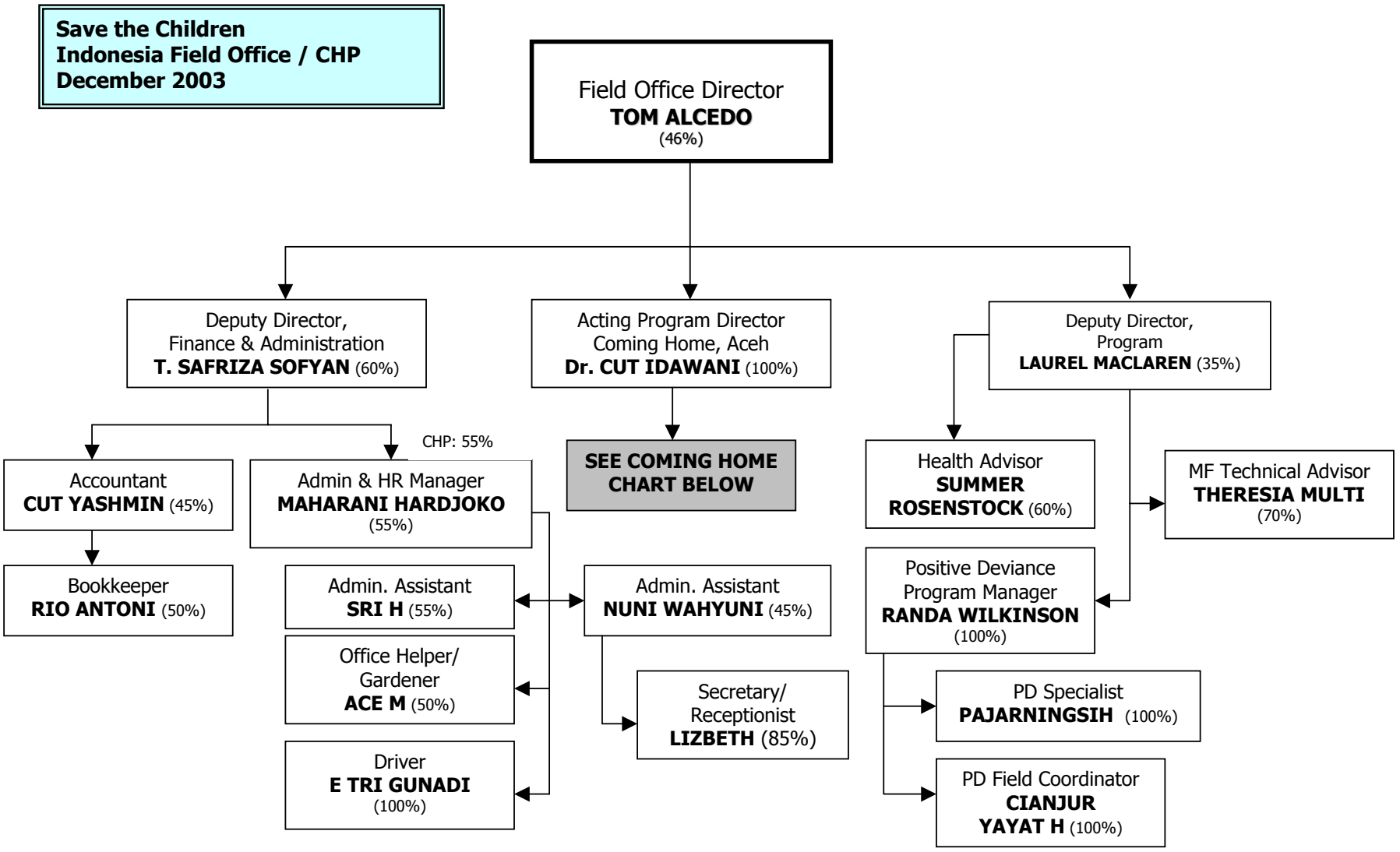
No	Activities (training, Workshop, Meeting, Discussion)	Budget Allocated (Rp)	Budget Used (Rp)	Date	Participant planned	Participant Attended			
						Women	Boy	Girl	Total
	Meeting								
40	Microfinance Training	5,185,000	4,998,000	29-31 Dec 03	**64**	55	-	9	**64**
41	Meeting for Establish of Health Task Force	2,446,000	2,128,500	29-31 Dec 03	**28**	12	2	2	**16**
42	Purchase Start up materials for Oyster Sauce	17,568,000	17,294,000	10-Dec-03		-	-	-	
43	Purchase Working Material for Embroidery	38,100,000	13,870,000	10-Dec-03		-	-	-	
44	Purchase Equipments (Machine) for Sewing Bed Cover	7,600,000	6,800,000	10-Dec-03		-	-	-	

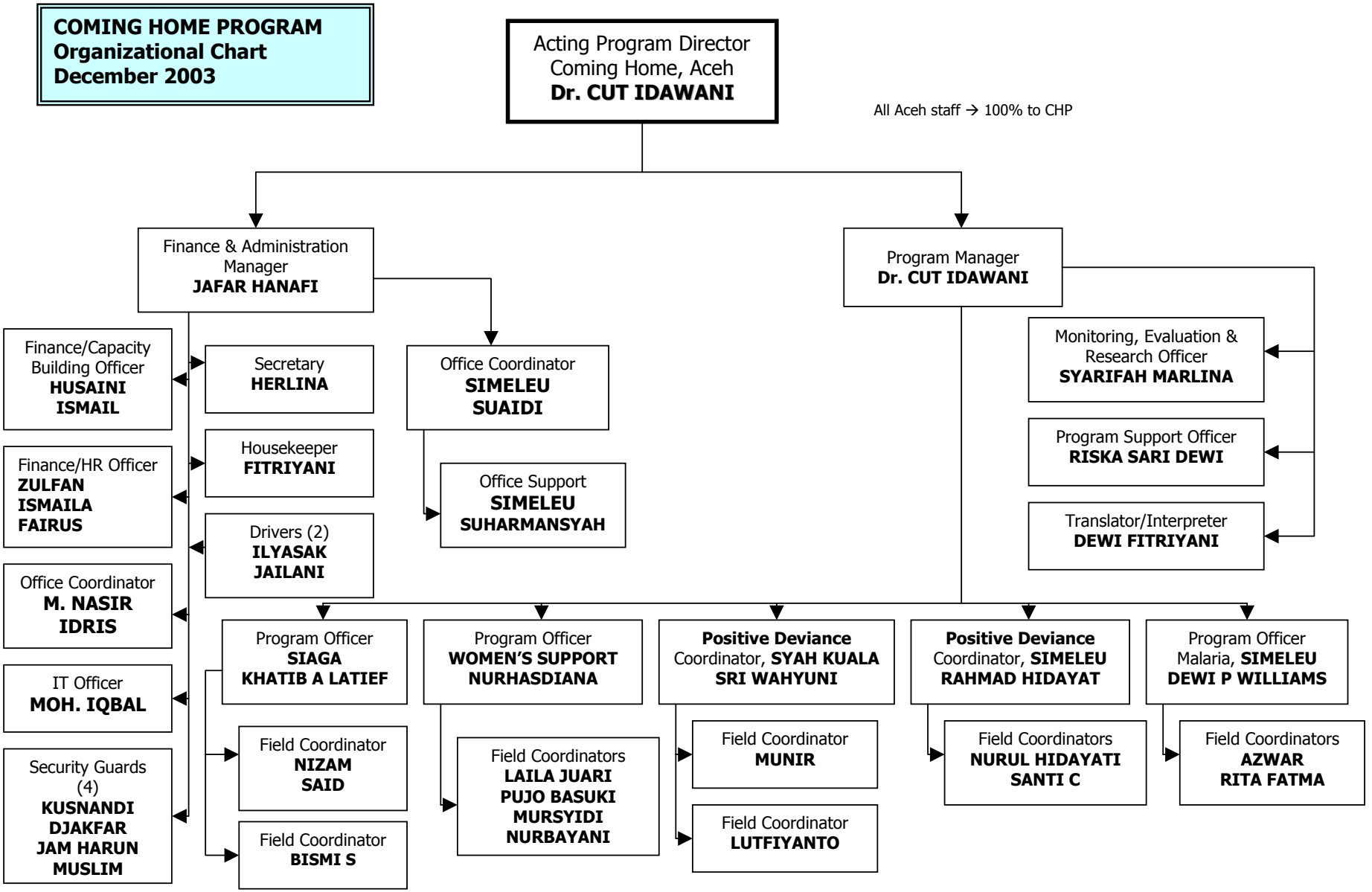
Appendix 12: Staff Travel from July - December 03

Date	Who	To	From	Purpose/Achievements	Cost
July 4	Syukri	B Aceh	Tangse	Program report & Meeting	117,000
July 04	Jafar	JKT	B Aceh	POP meeting & psychosocial workshop	1,070,000
July 04	Azwar	JKT	B Aceh	POP meeting & psychosocial workshop	2,552,000
July 04	Nukman	JKT	B Aceh	POP meeting & psychosocial workshop	674,000
July 15	Nukman CS	Medan	B Aceh	Meeting with David	1,261,000
July 10	Khatib	JKT	B Aceh	POP meeting & psychosocial workshop	1,014,000
July 22	Jafar, Husaini,Ipah	Medan	B Aceh	Meeting with David & Check signing	2,148,000
July 31	T Safriza	B Aceh	JKT	Monitor progress Aceh	484001
July 31	Ipah	Medan	B Aceh	MERO meeting with David	404,000
Aug 7	Jafar Hanfi	Jakarta	B Aceh	Hay group meeting	2,132,200
Aug 11	Cut Idawani	Simeulue	B Aceh	Program preparation	420,000
Aug 20	Cut Idawani CS	Medan	B Aceh	Workshop Malaria with IAMI	5,267,200
Aug 21	Husaini	Simeulu	B Aceh	T/A Financial report training	2,115,000
Aug 28	Zulfan	Jakarta	B Aceh	Replenish Bookkeeper	1,343,500
Aug 28	Cut Idawani	Simeulue	B Aceh	Meeting with DOH	2,644,000
Sep 02	Azwar	Jogya	B Aceh	Back to home base	1,217,900
Sep 05	Jafar&Shanty	Simeulue	B Aceh	New staff orientation	2,615,000
Sep 05	Rita Fatma	Simeulue	B Aceh	Start working in Simeulu	420,000
Sep 15	Ipah & Cut Idawani	Medan	B Aceh	Workshop malaria	3,887,905
Sep 24	T Safriza	B Aceh	Jakarta	Check progress Aceh office	441044
Sep 26	Jafar Hanafi	Jakarta	B Aceh	Hay Meeting	915,000
Sep 30	Husaini	Simeulue	B Aceh	TA Financial report	2,148,000
Sep 30	Luftianto	Simeulu	B Aceh	Provide technical assistance on NERS operation	2,120,000
Oct 02	Dewi	Medan	Simelue	Malaria Workshop	875,000
Oct 02	Cut Idawani	JKT-Bali	B Aceh	Malaria workshop	3,090,800
Oct 07	Cut Idawni	Simelue	B Aceh	Meeting Malaria	420,000
Oct 15	Iqbal	Simelue	B Aceh	Computer Installation	225,000
Oct 22	Zulfan	JKT	B Aceh	Prepare fin Report	1,131,800
Oct 22	Sri wahyuni	Simeulue	B Aceh	PD NERS Technical Assistance	2,610,000
Oct 22	Theresia	B Aceh	JKT	Technical Assistance for E/O team	537,473
Oct 24	Husaini	Simeulue	B Aceh	TA Fin Report & Monitor	1,205,000
Oct 28	Azwar	Simeulue	P. Siumat	Bed net distribution	315,000
Oct 28	Dewi CS	Simeulue	Sim Tengah	Bed net distribution	252,500

Date	Who	To	From	Purpose/Achievements	Cost
Oct 25	Nurhasdiana	Jakarta	B Aceh	Meeting EO	2,325,000
Oct 14-22	Sy. Marlina	Simeulue	B Aceh	Monitor KAP Survey	2,165,000
Nov 06	Cut Idawani	Jakarta	B Aceh	Meeting in Jakarta	3,065,000
Nov 10	Rita	Field	Simeulue	Bed net distribution	255,000
Nov 13	Dewi	Field	Sinabang	Bed net distribution	119,000
Nov 16	Azwar	Fied	Sinabang	Bed net distribution	285,000
Nov 17	Zulfan	Jakarta	B Aceh	Replenish Book keeper	3,683,600
Dec 03	Ipah CS	Medan	B Aceh	PD Meeting	3,596,500
Dec 03	Rahmad	Medan-JKT	Simelue	PD Meeting, TOT	6,922,600
Dec 03	Dewi	BNA	Simeulue	Prepare budget	1,205,000
Dec 15	Munir	Medan	B Aceh	PD Meeting	357,500
Dec 15	Nana	JKT	BNA	Prepare budget	720,500
Dec 30	Ipah, JH CS	JKT	BNA	USDA Meeting	9,306,000
Dec 23	Ibu Cut	JKT	BNA	Meeting	3,200,000
	TOTAL				**85,279,023.00**

Appendix 13: Organizational Chart




COMING HOME PROGRAM
Organizational Chart
December 2003
Acting Program Director
Coming Home, Aceh
Dr. CUT IDAWANI
All Aceh staff → 100% to CHP
Finance & Administration Manager
JAFAR HANAFI
Program Manager
Dr. CUT IDAWANI
Finance/Capacity Building Officer
HUSAINI ISMAIL
Secretary
HERLINA
Office Coordinator
SIMELEU SUAIDI
Monitoring, Evaluation & Research Officer
SYARIFAH MARLINA
Housekeeper
FITRIYANI
Program Support Officer
RISKA SARI DEWI
Finance/HR Officer
ZULFAN ISMAILA FAIRUS
Office Support
SIMELEU SUHARMANSYAH
Drivers (2)
ILYASAK JAILANI
Translator/Interpreter
DEWI FITRIYANI
Office Coordinator
M. NASIR IDRIS
Program Officer
SIAGA KHATIB A LATIEF
Program Officer
WOMEN'S SUPPORT NURHASDIANA
Positive Deviance Coordinator, SYAH KUALA
SRI WAHYUNI
Positive Deviance Coordinator, SIMELEU
RAHMAD HIDAYAT
Program Officer Malaria, SIMELEU
DEWI P WILLIAMS
IT Officer
MOH. IQBAL
Field Coordinator
NIZAM SAID
Field Coordinators
LAILA JUARI PUJO BASUKI MURSYIDI NURBAYANI
Field Coordinator
MUNIR
Field Coordinators
NURUL HIDAYATI SANTI C
Field Coordinators
AZWAR RITA FATMA
Security Guards (4)
KUSNANDI DJAKFAR JAM HARUN MUSLIM
Field Coordinator
BISMI S
Field Coordinator
LUTFIYANTO